

Aaron Maschmeyer, CAMTC # 47012
Medical Massage and Bodyworker
morningstarbodywork.com

Informed Consent For Upper Chest/Breast Massage

In the course of a massage treatment there are times when it becomes necessary to perform a massage in the upper chest/breast region. These times are generally related to upper back, neck and shoulder pain and discomfort. Many times the discomfort on the neck and shoulders is due to chronic bad posture or repetitive use of the muscles, such as driving or working with the computer. Massage on certain muscles may alleviate the tension of these muscles which allow these areas to return to its normal position. General improvement of lymphatic flow in the upper body, after breast augmentation, any scar work, wire bra congestion, and pregnancy issues are some other considerations.

The reason that I am attempting this massage is to feel better physically and the remove the cellular wastes from the chest/breast area, which will keep the area healthy and help me keep better posture.

I, _____ acknowledge that I have agreed to have a chest/breast massage session from Aaron Maschmeyer and understand that it is for therapeutic purposes only. I understand that the treatment may require the massage therapist to touch, squeeze, rub and apply lotion to my chest/breasts during this massage. I will check off my preference for the application of this technique:

- ☐ The therapist may expose the breast/chest area that is to be massaged
 - ☐ I give permission to expose both breasts at the same time
 - ☐ Please expose only one breast at a time
- ☐ Please keep me covered and work under the draping
- ☐ Please keep me covered and work the area over the draping

I give full permission to the massage therapist to do any or all of the above techniques. I acknowledge that the utmost care, respect and modesty will be offered during the session.

I have discussed with the massage therapist any and all concerns about the procedure and I give consent for this session and any additional session that I schedule in the future. I will inform the massage therapist immediately if, for any reason, I wish to terminate the session or terminate the consent for this procedure. According to California State law, included on this form is also a licensed California Health Care Provider referral in writing by signature and date to work in this area.

I understand that massage therapist Aaron Maschmeyer cannot diagnose any illness, injuries or diseases. I understand that the session is not a substitute for medical care by a trained, licensed physician and is not to be construed as a medical treatment for any disease or illness.

Client Signature _____ Date _____

Massage Therapist Signature _____ Date _____

Referring Doctor Signature _____ Date _____

Notes: _____